



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NORTH MERIDIAN SURGERY CENTER

Street Address: 13225 NORTH MERIDIAN STREET

City: CARMEL

County: HAMILTON

Administrator Name: RYAN BEAVERSON

Administrator Email: RBEAVERSON@NMSURGERYCENTER.COM

ASC Web Address: WWW.NMSURGERYCENTER.COM

Fiscal Year: 2020

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3716	11555
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	945	
62323	632	
22845	331	
22551	304	
63047	268	
63030	252	
62321	220	

64635	146
27096	142
64493	137

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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